

The gastralgie and dyspeptic occurrences show nothing of particular interest. In certain cases the syphilis produces vomiting analagous to the vomiting of pregnancy. This may be coincident with the gastralgia, or there is gastric intolerance without pain in which everything is rejected by the stomach. Comple anorexia, similar to hysterical anorexia, also occurs. In such cases inunctions must be employed. In contradistinction to anorexia, bulimia occurs in the early part of the secondary stage. The duration of the latter disorder varies from a few weeks to several months, and is generally the sign of a severe form of secondary syphilis. The specific treatment must be energetically pushed. Hydrotherapy is also of value.

G. W. J.

ETIOLOGY OF BASEDOW'S DISEASE. Société Médicale des Hôpitaux, meeting of May 14th, 1888 (*Gazette des Hôpitaux*, p. 519, 1888).

Rendu relates the history of a patient who has been under observation for ten years. A young woman, æt. 28, always well until her eighteenth year, when she became chlorotic, with severe cardiac palpitations, vertigo, and symptoms of cerebral anæmia. Under treatment she improved, then married and had two children. Severe domestic troubles. In the spring of 1877, shortness of breath in ascending stairs, pain in walking, and severe pains in the shoulder; angina pectoris; frequent attacks during five to six days. Rendu prescribed iodide of potassium, two grammes daily. She improved greatly, but presented symptoms of iodism; became loquacious; complained continually of feeling too warm, and showed generalized symptoms of arterial excitement. Soon all the symptoms of Basedow's disease appeared, minus the goitre. Rendu believes that in this case there is a relation between the administration of the iodide and the appearance of Basedow's disease.

G. W. J.

HYPNOTISM AT THE NANCY SCHOOL. Dr. Bernheim (*Gazette des Hôpitaux*, p. 337, 1888).

The Nancy doctrine of the phenomena of hypnotism has so frequently been misrepresented that B. here gives the

features observed at Nancy in so far as they differ from those seen at the Salpêtrière.

1. The three phases—lethargy, catalepsy, somnambulism—are never observed. In all subjects cataleptic and somnambulistic phenomena may be produced by simple suggestion. Neither opening of the eyes nor friction of the vertex in any manner modifies the phenomena, if suggestion be excluded.

Transferred through magnets, muscular hyperexcitability symptoms of cerebral localization (by touching certain parts of the cranium), are never observed unless suggestion is employed. All these phenomena can be produced, if the patient believes that they are to occur. The three so-called phases of the hypnotic state are due entirely to suggestion.

2. In hysterical patients the hypnosis does not differ from that in other subjects. It is always due to suggestion.

3. Hysteria is not a good soil for the study of hypnotism. Auto-suggestion serves to obscure the clear picture and to confuse the inexperienced operator.

4. The hypnotic state is not a neurosis; the phenomena are natural and psychological, and may be obtained in many subjects during natural sleep.

5. The hypnotic state is not peculiar to or more easily obtained in neurotic individuals than in others.

6. It is not asserted that *all* somnambulists are pure automatons, but that among this class there are some in whom the power of resistance is so greatly reduced that they are at the mercy of the operator.

7. All procedures for hypnotizing may be summed up under the word "suggestion." No procedure will succeed if the subject does not know that he is expected to sleep.

8. Suggestion is the key to all hypnotic phenomena. Every physician who, in his hospital ward, does not succeed in hypnotizing eighty per cent. of his patients must acknowledge to lack of experience and refrain from expressing an opinion upon the subject.

G. W. J.

A CASE OF PSEUDO-TABES. A. Pitres (*Archiv de Neurologie*, p. 337, 1888).

Certain cases are known which during life presented all